

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08641 260

1. PLACE OF DEATH:

County Somerset
City or town Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37
Hospital, institution, or street address where death occurred:
at home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

William Bruen
4. Sex Male 5. Color or race color 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ella P. Bruen

6. (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May, 10, 1911

8. AGE: Years 37 Months 2 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Dames Quarter, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harvey Bruen

13. Birthplace Maryland

14. Maiden name Elizabeth Roxbury

15. Birthplace Maryland

16. Informant Harvey Bruen

Address Dames Quarter, Maryland

17. Burial Date thereof Aug. 9, 1948
(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory Dames Quarter, Cemetery

Location Dames Quarter, Md.

18. Funeral director Wilson Funeral Home

Address Princess Anne, Maryland

19. 8/9 48 R. J. Johnson, M.D.
(Date rec'd by registrar) (Year) (Registrar)

3. (b) Social Security Number

212-I6-I832

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6, 1948 at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9th 1948 to Aug 6th 1948

and that I last saw him alive on July 1st 1948

Immediate cause of death _____

Pulmonary Tuberculosis DURATION 5 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edwin C. M. Anderson M. D. or other _____

Address Princess Anne Date signed 8.6.48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 10 1948

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town RURAL, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mouth of Big Annessex River

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion, RURAL

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cash Corner

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CHARLES G. CHAFFEY

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Emma Crockett Chaffey6. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

May 13, 1916

8. AGE:

Years

Months

Days

If less than one day

3237

hrs.

min.

9. Birthplace

Marion-Somerset-Maryland
(Town, county, and state)

10. Usual occupation

Civil Engineer

11. Industry or business

Navy Department

MOTHER

FATHER

12. Name

William Chaffey, Sr.

13. Birthplace

Marion, Maryland

14. Maiden name

Florence Gunby

15. Birthplace

Marion, Maryland

16. Informant

William Chaffey, Jr.

Address

Marion, Maryland

17. Burial

Date thereof

Aug. 22, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Pauls Episcopal Cemetery

Location

Marion, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland19. Aug. 22 1948

(Date read by registrar)

Janice E. Gines

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 20

19

48

at

6 P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death of William Chaffeyand that I last saw him alive on 19

Immediate cause of death

AccidentaldrowningDue to Explosion of engine in boatpropeller firstOther conditions degree

DURATION

Major findings of operations William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

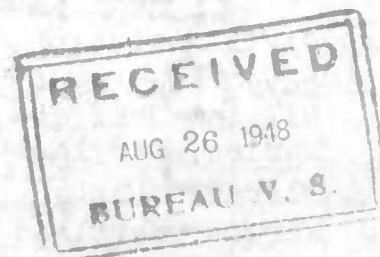
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident Gasoline Fire Date of 8/20/48Where did it occur Marion, Somerset Co. Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Engine ExplodedSignature W. H. Coulbourn M.D.Witnessed by Janice E. GinesDate 8/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
McCready Hospital
 How long in hospital or institution 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Virginia County Accomac
 City or town Tangier Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *****
 (If rural, give LOCATION)
World War 1
 2.(a) If veteran, name war World War 1

3. (a) FULL NAME

CAREY L. CROCKETT

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) July (?) 1898 6. (c) If alive, give age years
 8. AGE: Years 50 Months ? Days ? If less than one day hrs. min.

9. Birthplace Tangier Island, Va.
 (Town, county, and state)
 10. Usual occupation Waterman
 11. Industry or business Seafood
 12. Name Lewis Crockett
 13. Birthplace Tangier Island, Va.
 14. Maiden name Olevia Crockett
 15. Birthplace York County, Va.
 16. Informant Charles W. Parks
 Address Tangier Island, Va.
 17. Burial Date thereof Aug 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Tangier Cemetery
Tangier Island, Va.
 Location Hubbard & Covington
 18. Funeral director Hubbard & Covington
 Address Crisfield, Md.
 19. August 20, 48 Janice E. Davis
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1948 at 7:30
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1948, to Aug 19 1948
 and that I last saw him alive on Aug 18 1948
 Immediate cause of death Arteriosclerosis, Atherosclerosis of Heart
 Due to Arteriosclerosis, Atherosclerosis of Heart
 Due to Arteriosclerosis, Atherosclerosis of Heart
 Other conditions Arteriosclerosis, Atherosclerosis of Heart
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Janice E. Davis M.D. or other
 Address Janice E. Davis Date signed August 24

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death Lifetime
Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
2 days
How long in hospital or institution

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Columbia Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

ROBERT H. GOLDSBOROUGH

3. (b) Social Security Number

82

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Ella Kelly Goldsborough
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 7, 1879
8. AGE: Yrs 69 Mths 4 Days 18 It less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)
10. Usual occupation Brick layer (mason)
11. Industry or business Business
12. Name Chas. W. Goldsborough
13. Birthplace Crisfield, Maryland
14. Maiden name Nancy Nelson
15. Birthplace Crisfield, Maryland

16. Informant John Goldsborough
Address Somerset Ave., Crisfield, Md.
17. Burial Date (month) (day) (year) Aug. 28, 1948
(Burial, cremation, or removal. Which?)
Cemetery or crematory Sunnyridge Cemetery
Location Hopewell, Maryland
16. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. Aug. 28 19 48 Janice E. Spivey
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 19 48 at 5:55 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 19 48 to Aug 25 19 48
and that I last saw him alive on Aug 25 19 48
Immediate cause of death Cancer of
Pancreas
Dus Secondary
Due to Hepatitis
Other conditions Arteriosclerosis
Thrombosis
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Robert H. Goldsborough M.D.
Crisfield Md Aug 27/48
M. D. or other
Date signed

MARGIN RESERVED FOR BINDING

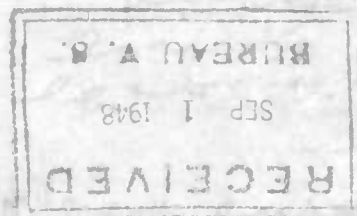
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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yearsHospital, institution, or street address where death occurred:
Lawsonia

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Lawsonia
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lulu White Handy

3. (b) Social Security Number

216-16-7734

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Arthur Handy6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) January 6, 18988. AGE: Years 50 Months 7 Days 5 If less than one day
.....hrs.min.9. Birthplace Cambridge-Dorchester-Maryland
(Town, county, and state)10. Usual occupation Sea Food worker11. Industry or business Industry12. Name Levin White13. Birthplace Westover, Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant Arthur HandyAddress Crisfield, Maryland17. Burial Date thereof Aug. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lawsonia CemeteryLocation Crisfield, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. Aug. 13 19 48 Janice E. Spies
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 19 48 at 4:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw she was dead whenI was called = Natural Cause -myocarditis - nephritisDue to white cardiacisolationDue to William H. Coulbourn, M.D.Other conditions DEPUTY MEDICAL EXAMINERFOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Coulbourn M.D.Crisfield MD Date signed Aug 12-48

08645

932

265

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 12 E. Chesapeake Ave
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Lillie E. Hickman

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Aaron T. Hickman

7. Birth date of deceased (mo., day, yr.) March 17, 1875 6. (c) If alive, give age 82 years

8. AGE: Years 73 Months 4 Days 16 If less than one day hrs. min.

9. Birthplace Crisfield, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Curtis T. Horsey

13. Birthplace Somerset County, Md

14. Maiden name Sarah E. Handy

15. Birthplace Somerset County, Md

16. Informant Mildred M. Hickman

Address 12 E. Chesapeake Ave

17. Burial Date thereof Aug 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Crisfield, Md.

18. Funeral director Hubbard & Coalington

Address 306 Main St. Crisfield, Md

19. Aug 4, 1948 John C. Spire
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2, 1948 to August 2, 1948 and that I last saw her alive on August 2, 1948

Immediate cause of death Coronary Thrombosis DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE S. W. Peyton M.D. M. D. or other

Address Crisfield Date signed Aug 3

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. 50 Chesapeake Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laurance J. Hundley

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Melissa C. Hundley

7. Birth date of

deceased (mo., day, yr.)

April 2, 1881

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6740

hrs.

min.

9. Birthplace

Crisfield, Maryland
(Town, county, and state)

10. Usual occupation

grocer

11. Industry or business

FATHER
MOTHER

12. Name

Robert F. Hundley

13. Birthplace

Middlesex County, Va

14. Maiden name

Mary A. Sterling

15. Birthplace

Crisfield, Maryland

16. Informant

Ruth Brewer

Address

Somerset Ave

17.

Burial

Date thereof

Aug. 4, 1948
(month) (day) (year)

Cemetery or crematory

Bunny Ridge

Location

Crisfield, Maryland

18. Funeral director

Hickford & Coington

Address

306 Main St, Crisfield, Md.

19.

August 4

19

48

Date registered by registrar

Janice E. Spivey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 21948, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February1948to Aug 21948and that I last saw him alive on Aug 1 1948

Immediate cause of death

Chronic myocarditis

DURATION

6 mo.

Due to

myocardial infarction

Due to

coronary ~~thrombosis~~ ^{arteriosclerosis}

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sarah M. Peyton M.D.

M. D. or other

Address

Crisfield, Md

Date signed

Aug 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 9 1948
BUREAU V. S.

08648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
McCready Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Somerset Avenue
 (If rural, give LOCATION)
 2.(a) if veteran, name war... *****

3. (a) FULL NAME

MELISSA J. HUNDLEY

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Lawrence J. Hundley
Deceased 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) July 31, 1879
 8. AGE: Years 69 Months 0 Days 18 If less than one day... hrs. ... min.

9. Birthplace... Gwynns Island, Va.
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home
 12. Name... Gilbert M. Crockett
 13. Birthplace... Unknown
 14. Maiden name... Mary Respass
 15. Birthplace... Unknown

16. Informant... Ruth Drewer
 Address... Crisfield, Md.
 17. Burial... Aug 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Sunny Ridge Cemetery
 Location... Crisfield, Md.
 18. Funeral director... Hubbard & Covington
 Address... Crisfield, Md.

19. Aug 19 19 48 Janice E. Spies
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 19 48 at 7:30 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48 to Aug 17 19 48
 and that I last saw him alive on August 15 19 48

Immediate cause of death Acute Deaf Heart
failure DURATION 2 weeks

Due to Chronic Int. reflex Yes
 Due to Chronic myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Boelmann M.D. M. D. or otherAddress Marion St. Md. Date signed Aug 18, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08649

Reg. Dist. No. 360

1. PLACE OF DEATH:

County... Somerset
 City or town... Princess Anne Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset
 City or town... Princess Anne P.F.D.
 (If outside city or town limits, write RURAL and give nearest town)

Street No... Corolla
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Evergreen Ingersoll

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife Olivia Ingersoll7. Birth date of deceased (mo., day, yr.) April 24, 1867 6. (c) If alive, give age 75 years

8. AGE: Years 86 Months Days If less than one day
 hrs. min.

9. Birthplace Wicomico County
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Truck Farming12. Name James Ingersoll13. Birthplace Wicomico County14. Maiden name Mary C. Mullin15. Birthplace Princess Anne Md.16. Informant Mrs. Olivia IngersollAddress Princess Anne Md.17. Burial Date thereof Aug 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Allen CemeteryLocation Allen Md.18. Funeral director Dale WashellAddress Princess Anne Md.19. 86 48 R. D. Johnson 94
(Date rec'd by registrar) (month) (year) (signature) (number)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5th 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 21st 1948 to Aug. 5th 1948
 and that I last saw him alive on Aug. 5th 1948

Immediate cause of death

Toxic Jaundice

DURATION

2 wks.Due to Carcinoma
Primary site not determined

Due to

Other conditions Hypertrophic
Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Thos. B. McLaughlin

M. D. or other

Address Princess Anne Md. Date signed 8/6/48

Handwritten text at the top of the page, possibly a date or reference number.

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1862
96
346

Handwritten text below the upper middle section.

RECEIVED
AUG 10 1948
BUREAU

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08650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Lawsonia District-Crisfield
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

JULIA ANN LAWSON

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Frank P. Lawson

7. Birth date of deceased (mo., day, yr.)

July 6, 1864

6. (c) If alive, give age _____ years

8. AGE:

Years

84

Months

84

Days

0

If less than one day

26

hrs. min.

9. Birthplace

Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James Lawson

13. Birthplace

Crisfield-Maryland

MOTHER

14. Maiden name

Caroline Lawson

15. Birthplace

Crisfield-Maryland

16. Informant

Mrs. Ralston Moore

Address

Crisfield-Maryland

17.

Burial

Date thereof August 4, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Asbury Cemetery

Location

Crisfield-Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield-Maryland

19.

August 3, 1948

(Date read by registrar)

Janice E. Jones

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948, at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25, 1948, to Aug. 2, 1948, and that I last saw her alive on Aug. 1, 1948.

Immediate cause of death

Shock
Embolism of femoral artery
Due to Chronic myocarditis

DURATION

1 day
24 hrs
?

Due to

Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accidental, suicide, or homicide. Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

S. W. Peyton M.D.

M. D. or other

Address

Crisfield, Md.

Date signed Aug 2, 1948

MARGIN RESERVED FOR BINDING

VS A15

9:45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 9 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08651

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

ANNIE C. LAYFIELD

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Charles H. Layfield, Sr.
 7. Birth date of deceased (mo., day, yr.) October 30, 1874
 8. AGE: Years 73 Months 9 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Revelle's Neck-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business _____

12. Name Theodore Hickman
 13. Birthplace Somerset County, Maryland
 14. Maiden name Mary E. Cottingham
 15. Birthplace Somerset County, Maryland
 16. Informant Charles H. Layfield, Sr.
 Address Westover, Maryland
 17. Burial Date thereof Aug. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Presbyterian Cemetery
 Location Princess Anne, Maryland
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Aug. 24th 48 Nellie Dryden
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1948 12:10 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 19 48 to Aug 22 19 48
 and that I last saw him alive on August 21 19 48
 Immediate cause of death Chronic renal disease
Due to chronic renal disease
Chronic nephritis
 Other conditions Jeune's atrophic pelvis
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Aug. 26, 1948
 M. D. or other _____
 Address Marion St. and Date signed Aug 24 48



08652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Hopewell--Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Hopewell
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Hopewell--Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

THOMAS H. LONG

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Edith Berry Long
 6.(c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) July 22, 1869
 8. AGE: Years 79 Months 0 Days 28 It less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Long
 13. Birthplace Pocomoke, Maryland
 MOTHER 14. Maiden name Elizabeth Stevenson
 15. Birthplace Hopewell, Maryland

16. Informant Mr. Jesse L. Long
 Address Hopewell, Maryland

17. Burial Date thereof Aug. 22, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Peters CemeteryLocation Hopewell, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland

19. August 20, 1948 Janice E. Spires
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1948 at 12:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to Aug 20, 1948
 and that I last saw him alive on Aug. 19, 1948

Immediate cause of death _____ DURATION
Carcinoma of Gastro-intest. 5 yrs.
trunc tract & Peritoneum
 Due to Carcinoma of Prostate 5 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Superficial carcinoma of
Peritoneum Date of op. June 11, 1948

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE S. W. Peyton M. D. M. D. or other

Crisfield, Md. Date signed Aug 20, 1948
 Address _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Littleton Earle Miles

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan 5 - 1928

8. AGE:

Years

Months

Days

If less than one day

24626

hrs.

min.

9. Birthplace Westover Somerset Co MD
(Town, county, and state)10. Usual occupation laborer

11. Industry or business _____

FATHER

12. Name

Littleton Miles

13. Birthplace

Somerset Co MD

MOTHER

14. Maiden name

Minnie Brown

15. Birthplace

Somerset Co MD

16. Informant

Littleton Miles

Address

Westover MD17. burial

(Burial, cremation, or removal, Which?)

Date thereof

Aug 4 1988
(month day year)

Cemetery or crematory

Shut in E

Location

Pacansha MD.

18. Funeral director

Charles H Ward

Address

Marion MD.19. Aug 2

(Date read by registrar)

19. 48R. J. Johnson MD.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1988 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

ischemic stroke
cystitis, hypernephrosis

DURATION

2.3 yrs.

Due to

Due to

I did not attend the
person but I knew him
through medical care
work.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

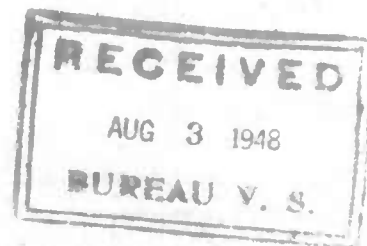
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. J. Johnson MD.
Physician, State Health Dept.
Prucha Ave MD
M. Doctor
Date signed Aug 2 88



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset

City or town... Langner Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

M: Brady Memorial

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Virginia County... Somerset

City or town... Langner Island
(If outside city or town limits, write RURAL and give nearest town)Street No. ...
(If rural, give LOCATION)

2.(a) If veteran, name war... No

3. (a) FULL NAME

Willie A Moore

3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Eunice S

7. Birth date of deceased (mo., day, yr.) May 9, 1904 6. (c) If alive, give age 39 years

8. AGE: Years 44 Months 3 Days 4 hrs. min.

9. Birthplace... Langner Va
(Town, county, and state)

10. Usual occupation... Waterman

11. Industry of business... Beef

12. Name... Alonza Moore

13. Birthplace... Va

14. Maiden name... Fannie

15. Birthplace... Va

16. Informant... Eunice S Moore

Address... Langner Va

17. Burial, cremation, or removal, Which? Date, thereof... 8/15/48
(month) (day) (year)

Cemetery or crematory... Family

Location... Langner Va

18. Funeral director... Husband & Lorington

Address... Crisfield, Md

19. Aug 14 1948 Janice E. Spired

(Date registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug 13 1948, at 3:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 13 1948 Aug 13 1948

and that I last saw him alive on Aug 12 1948

Immediate cause of death...

Acute Die Heart

Myocardial

Due to Chronic Myocarditis -

Chronic interstitial nephritis [10/4/48 abc]

Due to Chronic Emboli

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... E. Spired M. D. or other

Address... Moun St Md Date signed... Aug 13-48

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AUG 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SOMERSET
 City or town CRISFIELD, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 DAYS
 Hospital, institution, or street address where death occurred:
MC CREADY MEMORIAL HOSPITAL
 How long in hospital or institution? 5 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County SOMERSET
 City or town PRINCESS ANNE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 312 BEECHWOOD ST.
 (If rural, give LOCATION)
 2. (a) If veteran, name war 2

3. (a) FULL NAME

LYDIA LUVANIA PHOEBUS

3. (b) Social Security Number

NONE

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced MARRIED
 6. (b) Name of husband or wife BERNICE PHOEBUS
 7. Birth date of deceased (mo., day, yr.) MAY 3, 1886 6. (c) If alive, give age 66 years
 8. AGE: Years 62 Months 3 Days 28 If less than one day
 hrs. min.

9. Birthplace PR. ANNE SOMERSET
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name THEODORE PUSEY13. Birthplace PRINCESS ANNE14. Maiden name MARY PUSEY15. Birthplace PRINCESS ANNE16. Informant MRS. EUGENE TAYLORAddress PRINCESS ANNE, MD.17. BURIAL Date thereof SEPT. 5 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EPISCOPAL CEMETERYLocation PRINCESS ANNE, MD.18. Funeral director DALE DASHIELLAddress PRINCESS ANNE, MD.19. Sept 10 1948 Nellie Dryden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1948, at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 27 1948, to Aug 31 1948
 and that I last saw her alive on August 31 1948

Immediate cause of death Myocardial Infarction
Heart DURATION 7 days

Due to Chronic Outworn
Myocardium Yes

Due to Heart
Yes

Other conditions Diabetes mellitus
Yes

(Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of Injury None Injured at work? None

23. SIGNATURE George Ballum M.D.
Myron Stone M. D. or other Myron Stone

Address Myron Stone Date signed Sept 1, 1948

WILLIAMSON 2000000
 315 BETHMAN ST.

None

1886-11-29
 62-2-1-2
 1948-8-1-31

2000000
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AMERICA
 1948-8-1-31
 1948-8-1-31

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
12 Collins Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 12 Collins Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

LAURA RAYFIELD

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) December 13, 1947
 8. AGE: Years Months Days If less than one day
8 15 hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles Rayfield
 13. Birthplace Parksley, Virginia

14. Maiden name Myrtle Lane
 15. Birthplace Marumsc, Maryland

16. Informant Charles Rayfield
 Address Crisfield, Maryland

17. Burial Date thereof Aug. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Cemetery
 Location Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. 8/30 48 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28, 1948 at 5:00 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Aug 28, 1948
 and that I last saw him alive on 19

Immediate cause of death Acute Cardiac Ischemia
 Due to Coronary
 Due to she died just as I entered room
 Other conditions

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. H. Bradshaw M.D.
Crisfield Md Date 8/30/48
 Address Date

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 8 1948

BUREAU V. S.

08657

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 169

1. PLACE OF DEATH:

County Somerset
 City or town Dames Quarter
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Dames Quarter, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

John Roberts

3. (b) Social Security Number

4. Sex male 5. Color or race Col 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Eda Roberts
 6.(c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) abt 1887
 8. AGE: Years 61 Months Days It less than one day hrs. min.

9. Birthplace Damesquarter, Md
 (Town, county, and state)
 10. Usual occupation laborer
 11. Industry or business

12. Name Art Roberts
 13. Birthplace Damesquarter
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant John Marshall Roberts
 Address Damesquarter, Md
 17. Burial 8-18-48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Damesquarter, Md

18. Funeral director J. Edgar Thomas
 Address Accomac, Va
 19. Aug 16 1948 Mrs. S. Bennett
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 15th 1948 at 1:45 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10th 1945, to Aug 15th 1948,
 and that I last saw him alive on Aug 12th 1948.
 Immediate cause of death

Carcinoma of Prostate
 Due to Gland
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Elmer G. Mansman
 M. D. or other
 Address Princess Anne road Date signed Aug 16th 48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 19 1948

BUREAU V. S.

Evidence for change of
age shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

HIM No. G 116 AUG 16 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Brimfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs
Hospital, institution, or street address where death occurred:
increased hospital
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Somerset
City or town Brimfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

5. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 22 - 18978. AGE: Years 50 Months 57 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Marysville Somerset Co Md
(Town, county, and state)10. Usual occupation laborer

11. Industry or business _____

12. Name John Turpin

13. Birthplace _____

14. Maiden name Sallie Stokely15. Birthplace Marysville Somerset Co Md16. Informant John MullownAddress Whell Town Md.17. burial Date thereof aug 8 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory EbenezerLocation Marysville Md18. Funeral director Charles H WardAddress Marysville Md19. August 8th 48 Nellie Smyden
(Date rec'd by registrar) Registrar

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1948 at 1230 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1948 to Aug 4 1948
and that I last saw him alive on Aug 4 1948

Immediate cause of death _____

Uremic acute
dilatation of heart

DURATION

months

Due to _____

Chronic nephritismonths

Due to _____

Diabetes

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Guy E. Carburn MD M. D. or otherAddress Marysville Md Date signed 8.7.48

RECEIVED

AUG 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County DorchesterCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Charlotte Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

John Bradley Thomas

3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Shirley C. Thomas7. Birth date of deceased (mo., day, yr.) Sept. 25, 1902

6. (c) If alive, give age years

8. AGE: Years 45 Months 11 Days 1 If less than one day hrs. min.9. Birthplace Tangier, Va.
(Town, county, and state)10. Usual occupation Waterman

11. Industry or business

12. Name William Thomas13. Birthplace Tangier, Va.14. Maiden name Martha A. Brown15. Birthplace Virginia16. Informant Shirley C. ThomasAddress Charlotte Ave, Crisfield, Md17. Burial Date thereof Aug. 29, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bunning RidgeLocation Crisfield, Maryland18. Funeral director Hildbrand & Co. CrisfieldAddress 306 Main St. Crisfield, Md19. Aug. 29 19 48 Janice E. Spivey
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1948 at about 10:11 PMI CERTIFY that death occurred on the date above stated; that I attended deceased from he was found dead and that I last saw was found 19Immediate cause of death Coronary occlusion DURATIONDue to William H. Coulbourn, M.D.Due to DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY

He was found dead in his brother's city

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy Coronary occlusion Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Natural Death

Where did injury occur? (City or town) (County) (State)

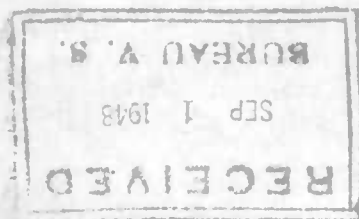
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Wm H. Coulbourn, M.D.Crisfield Md Date signed 8/28/48

M.D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. World War I
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William H. Thompson

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Lillian Thompson

7. Birth date of deceased (mo., day, yr.) Dec. 3 1894 6. (c) If alive, give age 47 years

8. AGE: Years 53 Months 8 Days 26 If less than one day
 hrs. min.

9. Birthplace Oxford, Maryland
 (Town, county, and state)

10. Usual occupation Druggist

11. Industry or business

12. Name Lee Thompson
 13. Birthplace Maryland

14. Maiden name Susan Kirwan15. Birthplace Maryland

16. Informant Mrs. Lillian Thompson
 Address Princess Anne, Maryland

17. Burial Date thereof Sept. 1 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Andrew CemeteryLocation Princess Anne, Maryland18. Funeral director Wilson Funeral HomeAddress Princess Anne, Maryland

19. 9/1/48 R. H. Johnson M.D.
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29, 1948 at SCU M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948
 and that I last saw him alive on 1948

Immediate cause of death

Coronary Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the word to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur Princess Anne, Md. (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Henry M. Lankford M.D. M. D. or other
Princess Anne, Md. Date signed any 388

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SEP 3 1948

BUREAU V. S.

08661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

ELSIE VIRGINIA TULL

3. (b) Social Security Number

217-03-1052

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Roger Tull
 7. Birth date of deceased (mo., day, yr.) December 24, 1905 6. (c) If alive, give age 50 years
 8. AGE: Years 42 Months 7 Days 14 It less than one day
 hrs. min.

9. Birthplace Tylerton-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Garment worker

11. Industry or business

Industry
 12. Name Ira D. Smith
 13. Birthplace Tylerton, Maryland
 14. Maiden name Venie Tyler
 15. Birthplace Tylerton, Maryland

16. Informant Roger Tull
 Address Crisfield, Maryland

17. Burial Date thereof August 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union M.E. Cemetery
 Location Tylerton, Maryland
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. August 18, 48
 (Date read by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 19 48 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 1948 to Aug. 8 19 48
 and that I last saw him alive on Aug. 7 19 48

Immediate cause of death Lymphoblastoma DURATION 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

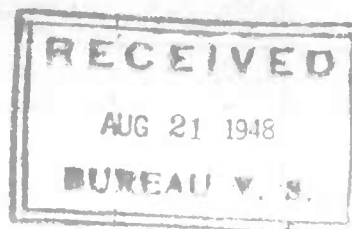
23. SIGNATURE J. M. Peyton M.D. M. D. or other

Address Crisfield, Md. Date signed Aug. 16

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Aug. 19, 1948

On this certificate, an emergency permit was issued as Dr. Peyton was out of town and Mr. Bradshaw called your office in regard to same.

J.E.Spires

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County Somerset
 City or town Pocomoke city Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Pocomoke city, Md Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Linda Mae Worth

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 12, 1946
 8. AGE: Years 2 Months 2 Days 23 hrs. _____ min.

9. Birthplace Crutfield, Somerset, Md
 (Town, county, and state)
 10. Usual occupation _____
 11. Industry or business _____

12. Name Robert Worth
 13. Birthplace Pocomoke city, Md Rural
 14. Maiden name Margaret Gibbons
 15. Birthplace Pocomoke

16. Informant Robert Worth
 Address Pocomoke city, Md
 17. Burial Date thereof Aug 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Waller's Hill
 Location Pocomoke city, Rural

18. Funeral director Henry A. Gibbons
 Address Pocomoke city, Md

19. Aug 7 19 48 Mrs. Blayton Harris
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 19 48 at 1 P.M. M
 21. I CERTIFY that death occurred on the date above stated; that deceased died
Aug 5 to 19 48 to _____ 19 _____
 and that I last saw her on Aug 5 to 19 48
 Immediate cause of death _____ DURATION _____

Due to Suffocation
 Due to Drowning
 Other conditions _____

(Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 8/5/48
 Accident, suicide, or homicide Accident Date of _____
 Where did injury occur? Pocomoke city, Somerset, Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Self from bathtub Injured at work? _____

23. SIGNATURE H. E. Gibbons
 M. D. or other _____
 Address Pocomoke city, Md Date signed 8/5/48

RECEIVED

AUG 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset
 City or town near Venton and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County ...
 City or town ...
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ...
 (If rural, give LOCATION)
 2.(a) If veteran, name war ...

3. (a) FULL NAME

Gertrude Hyatt

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Olyd Hyatt
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years About 75 Months unknown Days unknown It less than one day ... hrs. ... min.

9. Birthplace New York City
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ...

12. Name Gertrude Hyatt

13. Birthplace New York City

14. Maiden name unknown

15. Birthplace ...

16. Informant Husband

Address Orlando, FL

17. Burial Burial Date thereof Aug 13, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Monie Cemetery

Location Venton, Md.

18. Funeral director Wale H. Ashwell

Address Princess Anne, Md.

19. Aug 13 19 48 Wm. J. Bennett
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10th 19 48 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Cerebral thrombosis

Due to Stroke

Due to ...

Other conditions ...

(Include pregnancy within 3 months of death)

Major findings of operations ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

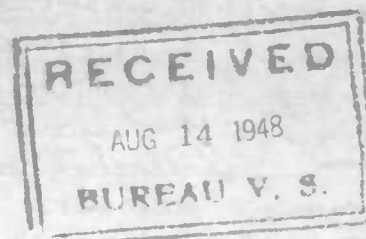
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) ... (County) ... (State)

Injured at home, farm, industry, public place (where?) ...
 Means of injury ... Injured at work? ...

23. SIGNATURE Wm. J. Bennett M. D. or other ...

Address ... Date signed 8/10/48



Handwritten notes, mostly illegible due to fading and bleed-through. Some words like "Bureau" and "V. S." are visible.